

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

Office Use Only

30 AM 10-26

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Alaskans for Begich 2014

ADDRESS (number and street) ▼

1231 West Northern Lights Blvd

#605



Check if different than previously reported. (ACC)

Anchorage

AK

99503

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00458059

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

AK

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

AK

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

AK

5. Covering Period

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2014

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Connie Sanders

Signature of Treasurer

Connie Sanders

Date

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2014

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)